01-09-02

OMENT TRANSMI'	ITAL LETTER (L	arge Entity)		Docket No.
E-111	/0	5		0482W
	g Date (JAN 0 7 20)	Examiner TBD		Group Art Unit TBD
ES TRANSACTION SY	STEM WITH ELECT	RONIC COUPON PI	ROCESSING	
TO THE	ASSISTANT COMMIS	SIONER FOR PATE	<u>NTS:</u>	
	CLAIMS AS AN	MENDED		
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
27 -	26 =	1	x \$18.00	\$18.00
7 -	6 =	1	x \$84.00	\$84.00
nt Claims (check if app	licable)			\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				
narge Deposit Account to copy of this sheet is in the amount of missioner is hereby autocation or credit any ove to copy of this sheet is additional filing fees reco	No. 19-5407 enclosed. to cover the filing horized to charge payr rpayment to Deposit A enclosed. quired under 37 C.F.R.	g fee is enclosed. ment of the following ccount No.		with this
GLYNN	D			
The inia	TO THE ewith is an amendment in calculated and is trans CLAIMS REMAINING AFTER AMENDMENT 27 - 7 - ent Claims (check if app conal fee is required for a charge Deposit Account at a copy of this sheet is a copy of this sheet is a copy of this sheet is a cation or credit any over attention or credit any over attention of copy of this sheet is additional filing fees recopatent application process.	TO THE ASSISTANT COMMIS with is an amendment in the above-identified in calculated and is transmitted as shown below CLAIMS AS AN CLAIMS REMAINING HIGHEST # AFTER AMENDMENT PREV. PAID FOR 27 - 26 = 7 - 6 = ent Claims (check if applicable) TOTAL ADDITIONAL onal fee is required for amendment. harge Deposit Account No. 19-5407 ate copy of this sheet is enclosed. in the amount of to cover the filling incation or credit any overpayment to Deposit Acceptable and its enclosed. additional filling fees required under 37 C.F.R. patent application processing fees under 37 C.F.R. Signature CLYNN	TO THE ASSISTANT COMMISSIONER FOR PATE with is an amendment in the above-identified application. In calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA CLAIMS PRESENT 27 - 26 = 1 7 - 6 = 1 Pent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AME Conal fee is required for amendment. In the amount of since the amount of the copy of this sheet is enclosed. In the amount of the following ication or credit any overpayment to Deposit Account No. 19-5407 in the amount of the following ication or credit any overpayment to Deposit Account No. 19-5407 in the amount of the following ication or credit any overpayment to Deposit Account No. 19-5407 in the amount of the following ication or credit any overpayment to Deposit Account No. 19-5407 in the amount of the following ication or credit any overpayment to Deposit Account No. 19-5407 in the amount of the following ication or credit any overpayment to Deposit Account No. 19-5407 in the amount of the following ication or credit any overpayment to Deposit Account No. 19-5407 in the amount of the following ication or credit any overpayment to Deposit Account No. 19-5407 in the amount of the following ication or credit any overpayment to Deposit Account No. 19-5407 in the amount of the following ication or credit any overpayment to Deposit Account No. 19-5407 in the amount of the following ication or credit any overpayment to Deposit Account No. 19-5407 in the amount of the following ication or credit any overpayment to Deposit Account No. 19-5407 in the amount of the following ication or credit any overpayment to Deposit Account No. 19-5407 in the amount of the following ication or credit any overpayment to Deposit Account No. 19-5407 in the amount of the following ication or credit any overpayment of the f	CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT 27 - 26 = 1 x \$18.00 7 - 6 = 1 x \$84.00 ent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT TOTAL ADDITIONAL FEE FOR THIS AMENDMENT To cover the filing fee is enclosed. In the amount of to cover the filing fee is enclosed. In the amount of to cover the filing fee is enclosed. In the amount of the following fees associated ication or credit any overpayment to Deposit Account No. 10 and 10 a

Assistant Commissioner for Patents, Washington, D.C.

Signature of Person Mailing Correspondence

MICHELLE DEFREITAS

Typed or Printed Name of Person Mailing Correspondence

ERTIFICATE OF MA	AILING BY "EXPRESS NDERS	MAIL" (37 CFR 1.10	Docket 048:	
Serial No. 10/005,957	Filing Date	2002 Examiner TBD	Gro	up Art Unit TBD
ention: SALES TRANS	ACTION SYSTEM WITHE	LECTRONIC COUPON I	PROCESSING	
	PRLIMINARY AMENDME	(Identify type of corresponde		
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is being deposited with th 37 CFR 1.10 in an envel	ne United States Postal Servope addressed to: The Cor	(Identify type of corresponderice "Express Mail Post Conmissioner of Patents ar MICHEL (Typed or Printed Name of	Office to Addressee" send Trademarks, Washi	ngton, D.C
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